FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 319276 (2)

1. Corporation Name

HILLCREST TRAILER PARKS, INC.

Principal Place of Business	Mailing Address
2901 HILLCREST AVE PENSACOLA FL 32526 US	3223 FRIDINGER DR PENSACOLA FL 32526-9318

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1967
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-1220945 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business 21 ___
Suite, Apt. #, etc. 22 ___
City & State 23 ___
Zip 24 ___ Country 25 ___

2a. Mailing Address 26 ___
Suite, Apt. #, etc. 27 ___
City & State 28 ___
Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent

SMITH,LELA JEANETTE
~~RT 7 BOX 310-F~~ 3223 Fridinger Dr.
PENSACOLA FL ~~32526~~ 32526

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ___ DATE ___

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH,LELA JEANETTE
STREET ADDRESS	3223 FRIDINGER DR.
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	SMITH,THOMAS DAVID
STREET ADDRESS	RT. 7 BOX 307
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	SMITH,ROBERT ANDERSON
STREET ADDRESS	RT. 7 BOX 307
CITY-ST-ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lela Jeanette Smith — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-95 Date

Daytime Phone #

0390031 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

[illegible] 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 320760 (2)

1. Corporation Name

M R S CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
6412 U.S. HWY. 41 S. P.O. BOX 3471 APOLLO BCH. FL 33572-1803	6412 U.S. HWY. 41 S P.O. BOX 3471 APOLLO BCH. FL 33572-1603

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 09/11/1967
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1172518 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes.* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHWARTZ, MARVIN R. 6412 U.S. HWY 41, SOUTH APOLLO BEACH FL 33570	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ,M.R.	12 NAME	
STREET ADDRESS	2640 N. E. 135TH STREET	13 STREET ADDRESS	
CITY, ST, ZIP	NORTH MIAMI FL	14 CITY, ST, ZIP	
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	HOPES, HARRY E.	22 NAME	
STREET ADDRESS	6412 U.S. HWY 41, SOUTH	23 STREET ADDRESS	
CITY, ST, ZIP	APOLLO BEACH FL	24 CITY, ST, ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	GERSON, GARY	32 NAME	
STREET ADDRESS	666 71ST ST.	33 STREET ADDRESS	
CITY, ST, ZIP	MIAMI BCH. FL	34 CITY, ST, ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M R Schwartz — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/95 — Date
813-645-6495 — Daytime Phone #

0441738 FP